

ATTACHMENT A-5 a

DURABLE MEDICAL EQUIPMENT (DME) SERVICES
PROVIDED BY SPEECH THERAPIST

PLACE OF SERVICE (POS) CONVERSION TABLE

| <u>Prior to</u> <u>01/01/88</u> | <u>Effective</u> <u>01/01/88</u> | <u>New Description</u> |
|------------------------------------|-------------------------------------|--------------------------|
| 1 | 3 | Office |
| 2 | 4 | Home |
| 4 | 7 | Nursing Home |
| 4 | 8 | Skilled Nursing Facility |

TYPE OF SERVICE (TOS) CONVERSION TABLE

| <u>Prior to</u> <u>01/01/88</u> | <u>Effective</u> <u>01/01/88</u> | <u>New Description</u> |
|------------------------------------|-------------------------------------|------------------------|
| J | P | Purchase |
| H | R | Rental |